

Utah Department of Health, Bureau of Child Care Licensing
CBS / MIS Consent and Release of Liability for Child Care

INSTRUCTIONS: You must read and **complete both sides** of this form, in **legible print in black ink or typed**. Your form will not be accepted unless all required information and signatures **on both sides** are provided. Incomplete applications cannot be processed and will be returned to you.

SECTION 1: INDIVIDUAL APPLICANT INFORMATION

Last Name	First Name	Middle Name	Maiden Name & All Previous Married Names and/or Aliases	
Date of Birth	Gender (male or female)	Social Security Number	Driver's License # and State	
Current Street Address	City	State	Zip Code	Area Code & Home Phone Number

Answer ALL of the following questions. Circle "yes" or "no" for each question.

Do you have any of the following on your adult or juvenile record:

- Yes No** Any felony or misdemeanor A convictions, pending criminal charges, pleas in abeyance, or diversions? (If yes, you will not be allowed to work in child care unless your record is first cleared or expunged.)
- Yes No** Any misdemeanor B or C convictions, pending criminal charges, pleas in abeyance, or diversions?
- Yes No** Are you currently awaiting trial on any pending criminal charges?
- Yes No** Have you ever been investigated for abuse or neglect by the Utah Department of Human Services, Division of Child and Family Services (Child Protective Services) that resulted in a supported finding of abuse or neglect?

Have you lived in Utah continuously for the past 5 years?

- Yes No** If no, list the addresses where you have lived and for how long, **and follow the instructions under "Fingerprints" on the back side of this form**. Attach additional pages if more address space is needed.

Address	City & State	From (month/year)	To (month/year)	
Address	City & State	From (month/year)	To (month/year)	

I have read **both sides** of this form in its entirety. I hereby authorize the Utah Department of Health to process this criminal history check for my child care application according to Utah Code 26-39-107. I authorize investigation of all statements contained herein and understand that misrepresentation or omission of facts may result in denial of my application. The release of any and all information is authorized whether the same is of record or not. I do hereby release all persons, firms, agencies, companies, groups, or institutions, whomsoever, from any damages of, or resulting from, furnishing such information to the Department of Health. **I SWEAR THE INFORMATION PROVIDED IS TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE.**

Applicant's Signature	Date
Parent / Guardian Signature (If Applicant is under 18 years of age)	Date

SECTION 2: EMPLOYER INFORMATION

Name of Child Care Program or Licensee (If different than Applicant's Name)	Area Code & Business Phone Number	
Business Address	City	Zip Code
Mailing Address (If different than Business Address)	City	Zip Code
Program Type (check one): <input type="checkbox"/> Child Care Center <input type="checkbox"/> Licensed Family Child Care <input type="checkbox"/> Residential Certificate <input type="checkbox"/> Hourly Center		
Printed Name of Facility Representative (Owner, Director, or Director Designee)	Signature of Facility Representative	Date

Background Screening Information

Applicant Name: _____ **Provider/Licensee Name:** _____

Purpose:

The purpose of the background screening in the Department of Health's Bureau of Child Care Licensing application and renewal process is to determine whether an individual has been convicted of a crime, or has a supported finding of child abuse or neglect. This is done in order to aid in protecting the health and safety of children in regulated child care programs.

Completing this Form:

The **Individual Applicant** must complete and sign the SECTION 1: INDIVIDUAL APPLICANT INFORMATION section of this form.

The **Facility Representative** must complete and sign the SECTION 2: EMPLOYER INFORMATION portion of this form. The Facility Representative is the licensee or certificate holder for licensed family and residential certificate providers; or the owner, director, or director designee for center providers. The **Facility Representative** is responsible for submitting this completed "CBS / MIS Consent and Release of Liability for Child Care" form to the Bureau of Child Care Licensing **within 5 days** of any new person becoming involved in the child care program, or moving into the home where child care is provided.

Covered Individuals:

For **centers**, this form must be completed for all owners, directors, and board members, and for all employees, volunteers, and minors age 12 and over who work or volunteer in the child care center. For **licensed family and residential certificate providers**, this form must be completed for all owners, employees, volunteers, and all individuals age 12 and older who reside at the licensed or residentially certified home.

Fingerprints:

Applicants age 18 and older who have not continuously resided in Utah for the past 5 years must submit fingerprints and a check or money order for \$31, in addition to this form. The fingerprints will be used to check the Applicant's FBI record.

Confidentiality:

All information regarding the Applicant's background screening will be kept confidential by the Bureau of Child Care Licensing, and no confidential details regarding the screening will be released or disclosed over the phone. The Bureau will notify the Applicant and the Facility Representative if an Applicant does not pass the background screening, based on criteria established in R430-6.

Denials:

The Bureau of Child Care Licensing will deny clearance for any Applicant with a felony or misdemeanor A conviction, pending criminal charge, plea in abeyance, or diversion. The Bureau will also deny clearance for Applicants with certain misdemeanor B and C convictions. For example: offenses against the family, offenses against a person, pornography, prostitution or any type of sexual offense, simple assault, domestic violence, lewdness, prostitution, child abuse, and contributing to the delinquency of a minor. If there is an error on an Applicants' record, or if the Applicant is eligible to have their record expunged, it is the Applicants' responsibility to resolve the matter by contacting The Utah Department of Public Safety, Bureau of Criminal Identification. When the matter is resolved, the Applicant must provide legal documentation of the expungement, dismissal, etc. to be considered again for clearance.

Pursuant to R430-6-6(6), all child care providers must report any felony and misdemeanor arrest, charge or conviction of covered individuals to the Department of Health within 48 hours. Pursuant to R430-6-7(5) if the Department of Human Services (Child Protective Services) determines that a covered individual has a supported finding of abuse, neglect or exploitation after the Department of Health issues a child care license or certificate, the licensee or certificate holder and the covered individual must notify the Department of Health within 5 working days.

Questions:

If you have any questions or concerns regarding the criminal background screening procedure, please contact the Bureau Background Clearance Unit at (801) 538-6322, or toll free at 1-888-287-3704.

Submit this completed form to:

Utah Department of Health – Bureau of Child Care Licensing, Central Region
120 North 200 West Room 111, Salt Lake City, Utah 84103

Do not write below this line. For Department of Health use only.

Date Received	FBI Approval	CBS Approval	MIS Approval